

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 576802

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		1				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15	①					
16	①					
17	①					
18	①					
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	24	←		←		←
TOTAL CLAIMS	25	↓		↓		↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		↓		↓		↓